

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

|   |    | <b>Your assets</b><br>Value of what you own |
|---|----|---|
| 1. <b>Schedule A/B: Property</b> (Official Form 106A/B)           |    |   |
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | \$ | <b>90,000.00</b>                            |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ | <b>19,911.00</b>                            |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | \$ | <b>109,911.00</b>                           |

**Part 2: Summarize Your Liabilities**

|   |    | <b>Your liabilities</b><br>Amount you owe |
|---|----|---|
| 2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)  |    |   |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ | <b>187,751.29</b>                         |
| 3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)  |    |   |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....                           | \$ | <b>22,886.12</b>                          |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....                        | \$ | <b>21,604.42</b>                          |
| <b>Your total liabilities</b>   |    | <b>\$ 232,241.83</b>                      |

**Part 3: Summarize Your Income and Expenses**

|   |    |                 |
|---|----|-----------------|
| 4. <b>Schedule I: Your Income</b> (Official Form 106I)                    |    |                 |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | \$ | <b>3,475.82</b> |
| 5. <b>Schedule J: Your Expenses</b> (Official Form 106J)                  |    |                 |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> .....       | \$ | <b>3,257.00</b> |

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 2,987.09

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

|  | Total claim         |
|--|---------------------|
| <b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>   |                     |
| 9a. Domestic support obligations (Copy line 6a.)   | \$ <u>0.00</u>      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>22,228.29</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$ <u>0.00</u>      |
| 9d. Student loans. (Copy line 6f.)   | \$ <u>0.00</u>      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u>      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ <u>0.00</u>     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ <u>22,228.29</u> |

**Fill in this information to identify your case and this filing:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number                             | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**10 Randolph Road**

Street address, if available, or other description

|                |           |                   |
|----------------|-----------|-------------------|
| <b>Clayton</b> | <b>NC</b> | <b>27520-0000</b> |
| City           | State     | ZIP Code          |

**Johnston**

County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Current value of the entire property? | Current value of the portion you own? |
| <b>\$90,000.00</b>                    | <b>\$90,000.00</b>                    |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>****\$90,000.00****Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**☐ No☒ Yes

3.1 Make: **Infiniti**  
 Model: **M Sedan 4D Sport 3.5L V6**  
 Year: **2007**  
 Approximate mileage: **170,000**  
 Other information:  
**VIN# JNKAY01E87M303374**  
**NADA trade**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$7,125.00****\$7,125.00**

3.2 Make: **Sunshine**  
 Model: **Trailer**  
 Year: **2012**  
 Approximate mileage:  
 Other information:  
**Resale value**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$4,500.00****\$4,500.00**

3.3 Make: **Ford**  
 Model: **Expedition 4D Eddie Bauer 2WD**  
 Year: **1999**  
 Approximate mileage: **400,000**  
 Other information:

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property?****Current value of the portion you own?****\$1,500.00****\$1,500.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>****\$13,125.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.....

**Small kitchen appliances**  
**Resale value**

**\$100.00**

Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH

|                                     |
|-------------------------------------|
| <b>Stove</b><br><b>Resale value</b> |
|-------------------------------------|

\$150.00

|  |
|--|
| <b>Refrigerator</b><br><b>Resale value</b> |
|--|

\$80.00

|  |
|--|
| <b>Washer/dryer</b><br><b>Resale value</b> |
|--|

\$225.00

|   |
|---|
| <b>Living room and den furniture</b><br><b>Resale value</b> |
|---|

\$500.00

|   |
|---|
| <b>Bedroom furniture</b><br><b>Resale value</b> |
|---|

\$500.00

|   |
|---|
| <b>Dining room furniture</b><br><b>Resale value</b> |
|---|

\$150.00

|  |
|--|
| <b>Office furniture</b><br><b>Resale value</b> |
|--|

\$80.00

|  |
|--|
| <b>Lawn furniture/grill</b><br><b>Resale value</b> |
|--|

\$100.00

|  |
|--|
| <b>Lawn mower</b><br><b>Resale value</b> |
|--|

\$80.00**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....

|   |
|---|
| <b>Televisions, computers, phones, tablets, stereos, DVD players/video cameras, etc.</b><br><b>Resale value</b> |
|---|

\$1,610.00**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe.....

|  |
|--|
| <b>Recreational and hobby equipment</b><br><b>Resale value</b> |
|--|

\$160.00

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Clothes  
Resale value****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**Jewelry  
Resale value****\$450.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$4,685.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash****\$0.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

**17.1. Checking****Bank of America****\$16.00**

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

**401k****BB&T****\$485.00****403b****Rex****Unknown****22. Security deposits and prepayments***Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*☒ No☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund  
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☐ No☒ Yes. Describe each claim.....**Blink Facility Solutions owes the debtor \$25k.****\$0.00****35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$501.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.....



Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

- ☒ No  
☐ Yes. Describe.....

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- ☐ No  
☒ Yes. Describe.....

High speed buffer machines [3], low speed buffer machines [2],  
 wet vacs [2], vacuum cleansers [5], miscellaneous small cleaning  
 equipment, cleaning supplies  
 Resale value

**\$1,600.00****41. Inventory**

- ☒ No  
☐ Yes. Describe.....

**42. Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Give specific information about them.....  
 Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**

- ☒ No.  
☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

**44. Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$1,600.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*

- ☒ No  
☐ Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....****\$0.00**

Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH**Part 8:** List the Totals of Each Part of this Form

|  |                    |   |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 .....                      |                    | <b>\$90,000.00</b>                              |
| 56. Part 2: Total vehicles, line 5                               | <b>\$13,125.00</b> |   |
| 57. Part 3: Total personal and household items, line 15          | <b>\$4,685.00</b>  |   |
| 58. Part 4: Total financial assets, line 36                      | <b>\$501.00</b>    |   |
| 59. Part 5: Total business-related property, line 45             | <b>\$1,600.00</b>  |   |
| 60. Part 6: Total farm- and fishing-related property, line 52    | <b>\$0.00</b>      |   |
| 61. Part 7: Total other property not listed, line 54             | <b>\$0.00</b>      |   |
|  | +                  |   |
| 62. Total personal property. Add lines 56 through 61...          | <b>\$19,911.00</b> | Copy personal property total <b>\$19,911.00</b> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 |                    | <b>\$109,911.00</b>                             |

Rev. 3/2016

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINAIN THE MATTER OF:  
**Melvin Barfield, Jr.**  
Debtor(s).CASE NUMBER:  
**16-03490-5-SWH**

## SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Melvin Barfield, Jr.**, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law: **(Attach additional sheets if necessary).**

1. NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entirety or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner, if a child use initials only, of the property below).

| Description of Property and Address                               | Market Value     | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Mortgage Holder or Lien Holder                                 | Amount of Mortgage or Lien     | Net Value   | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(1) |
|---|------------------|--|--|--------------------------------|-------------|--|
| <b>10 Randolph Road<br/>Clayton, NC 27520<br/>Johnston County</b> | <b>90,000.00</b> |  | <b>Ditech Financial, LLC<br/>State Employees' Credit Union</b> | <b>169,310.23<br/>1,893.04</b> | <b>0.00</b> | <b>30,000.00</b>                                       |

Debtor's Age: \_\_\_\_\_  
Name of former co-owner: \_\_\_\_\_**VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1): \$ 30,000.00**

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

| Model, Year Style of Auto  | Market Value    | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value       | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3) |
|--|-----------------|--|-------------|----------------|-----------------|--|
| <b>1999 Ford Expedition 4D<br/>Eddie Bauer 2WD<br/>400,000 miles</b> | <b>1,500.00</b> |  |             |                | <b>1,500.00</b> | <b>3,500.00</b>  |

**VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(3): \$ 3,500.00**

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is 2.

| Description of Property                       | Market Value  | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value     | Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4) |
|---|---------------|--|-------------|----------------|---------------|--|
| <b>Bedroom furniture<br/>Resale value</b>     | <b>500.00</b> |  |             |                | <b>500.00</b> | <b>500.00</b>                                    |
| <b>Clothes<br/>Resale value</b>               | <b>500.00</b> |  |             |                | <b>500.00</b> | <b>500.00</b>                                    |
| <b>Dining room furniture<br/>Resale value</b> | <b>150.00</b> |  |             |                | <b>150.00</b> | <b>150.00</b>                                    |
| <b>Jewelry<br/>Resale value</b>               | <b>450.00</b> |  |             |                | <b>450.00</b> | <b>450.00</b>                                    |
| <b>Lawn furniture/grill<br/>Resale value</b>  | <b>100.00</b> |  |             |                | <b>100.00</b> | <b>100.00</b>                                    |
| <b>Lawn mower<br/>Resale value</b>            | <b>80.00</b>  |  |             |                | <b>80.00</b>  | <b>80.00</b>                                     |

| Description of Property   | Market Value    | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value       | Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4) |
|---|-----------------|--|-------------|----------------|-----------------|--|
| <b>Living room and den furniture Resale value</b>   | <b>500.00</b>   |  |             |                | <b>500.00</b>   | <b>500.00</b>                                    |
| <b>Office furniture Resale value</b>  | <b>80.00</b>    |  |             |                | <b>80.00</b>    | <b>80.00</b>                                     |
| <b>Recreational and hobby equipment Resale value</b>  | <b>160.00</b>   |  |             |                | <b>160.00</b>   | <b>160.00</b>                                    |
| <b>Refrigerator Resale value</b>  | <b>80.00</b>    |  |             |                | <b>80.00</b>    | <b>80.00</b>                                     |
| <b>Small kitchen appliances Resale value</b>  | <b>100.00</b>   |  |             |                | <b>100.00</b>   | <b>100.00</b>                                    |
| <b>Stove Resale value</b>   | <b>150.00</b>   |  |             |                | <b>150.00</b>   | <b>150.00</b>                                    |
| <b>Televisions, computers, phones, tablets, stereos, DVD players/video cameras, etc. Resale value</b> | <b>1,610.00</b> |  |             |                | <b>1,610.00</b> | <b>1,610.00</b>                                  |
| <b>Washer/dryer Resale value</b>  | <b>225.00</b>   |  |             |                | <b>225.00</b>   | <b>225.00</b>                                    |

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4): \$ 4,685.00**

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

| Description  | Market Value    | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value       | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(5) |
|--|-----------------|--|-------------|----------------|-----------------|--|
| <b>High speed buffer machines [3], low speed buffer machines [2], wet vacs [2], vacuum cleansers [5], miscellaneous small cleaning equipment, cleaning supplies Resale value</b> | <b>1,600.00</b> |  |             |                | <b>1,600.00</b> | <b>1,600.00</b>  |

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5): \$ 1,600.00**

5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5).

| Description\Insured\Last Four Digits of Policy Number\Beneficiary(if child, initials only) | Cash Value |
|--|------------|
| <b>-NONE-</b>  |            |

6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

| Description   |
|---------------|
| <b>-NONE-</b> |

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE.

|  |
|--|
| Description AND Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy/Annuity |
| <b>-NONE-</b>  |

8. NCGS 1C-1601(a)(2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor is entitled under NCGS 1C-1601(a)(1)).

| Description of Property and Address           | Market Value    | Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint | Lien Holder | Amount of Lien | Net Value       | Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2) |
|---|-----------------|--|-------------|----------------|-----------------|--|
| <b>2012 Sunshine Trailer<br/>Resale value</b> | <b>4,500.00</b> |  |             |                | <b>4,500.00</b> | <b>4,500.00</b>  |

**VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2): \$ 4,500.00**

9. NCGS 1C-1601(a)(9) and 11 U.S.C. § 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in §§ 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in § 408(b) of the Internal Revenue Code, accounts established as part of a trust described in § 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under § 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

|  |
|--|
| Type of Account\Location of Account\Last Four Digits of Account Number |
| <b>401k: BB&amp;T</b>  |
| <b>403b: Rex</b>   |

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under § 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. §§ 541(b)(5)-(6), (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

|   |
|---|
| College Savings Plan\Last Four Digits of Account Number\Value\Initials of Child Beneficiary |
| <b>-NONE-</b>   |

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

|  |
|--|
| Name of Retirement Plan\State Governmental Unit\Last Four Digits of Identifying Number |
| <b>-NONE-</b>  |

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

|  |
|--|
| Type of Support\Amount\Location of Funds |
| <b>-NONE-</b>                            |

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. § 522 and the law of the State of North Carolina pertaining to property held as tenants by the entirety.

| Description of Property and Address | Market Value | Lien Holder | Amount of Lien | Net Value |
|-------------------------------------|--------------|-------------|----------------|-----------|
| <b>-NONE-</b>                       |              |             |                |           |

**VALUE CLAIMED AS EXEMPT: \$ 0.00**

## 14. NORTH CAROLINA PENSION FUND EXEMPTIONS

|               |  |
|---------------|--|
| <b>-NONE-</b> |  |
|---------------|--|

## 15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF NORTH CAROLINA

|           |  |              |
|-----------|--|--------------|
| <b>a.</b> | <b>Debtor earnings necessary to support family (all earnings from last 60 days), N.C. Gen. Stat. § 1-362</b> | <b>16.00</b> |
|-----------|--|--------------|

## 16. FEDERAL PENSION FUND EXEMPTIONS

|               |  |
|---------------|--|
| <b>-NONE-</b> |  |
|---------------|--|

## 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

|               |  |
|---------------|--|
| <b>-NONE-</b> |  |
|---------------|--|

## 18. RECENT PURCHASES

(a). List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

| <u>Description</u> | <u>Market Value</u> | <u>Lien Holder</u> | <u>Amount of Lien</u> | <u>Net Value</u> |
|--------------------|---------------------|--------------------|-----------------------|------------------|
| <b>-NONE-</b>      |                     |                    |                       |                  |

(b). List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.

| <u>Description of Replacement Property</u> | <u>Description of Property Liquidated or Converted that May Be Exempt</u> |
|--|---|
|  |   |

## 19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to the specific property affected.
- e. For payment of obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. § 523(a)(1) (certain taxes), (5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. § 522(c).

| <u>Claimant</u>                    | <u>Nature of Claim</u> | <u>Amount of Claim</u> | <u>Description of Property</u>  | <u>Value of Property</u> | <u>Net Value</u> |
|------------------------------------|------------------------|------------------------|---|--------------------------|------------------|
| <b>Westlake Financial Services</b> | <b>Agreement</b>       | <b>16,548.02</b>       | <b>2007 Infiniti M Sedan 4D Sport 3.5L V6 170,000 miles<br/>VIN# JNKAY01E87M303374<br/>NADA trade</b> | <b>7,125.00</b>          | <b>0.00</b>      |

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b), has been included in this claim of exemptions.

None of the claims listed in paragraph 19 is subject to this claim of exemptions.

I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL  
TO SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

I, **Melvin Barfield, Jr.**, declare under penalty of perjury that I have read the foregoing Schedule C-1 - Property Claimed as Exempt, consisting of 5 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Executed on: **July 19, 2016**

**/s/ Melvin Barfield, Jr.**  
**Melvin Barfield, Jr.**

Debtor

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A  | Column B                                     | Column C                    |
|---|--|-----------------------------|
| Amount of claim<br>Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion<br>If any |
| <b>\$169,310.23</b>                                       | <b>\$90,000.00</b>                           | <b>\$79,310.23</b>          |

**2.1 Ditech Financial, LLC**

Creditor's Name

**Attn: Managing Agent  
7360 South Kyrene Road  
T214  
Tempe, AZ 85283**

Number, Street, City, State &amp; Zip Code

**Describe the property that secures the claim:**

**10 Randolph Road Clayton, NC  
27520 Johnston County**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☒ Other (including a right to offset) **Deed of Trust**

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **September 13, 2006**

Last 4 digits of account number **2958**

**2.2 State Employees' Credit Union**

Creditor's Name

**Attn: Lori Barnes, Loss Mitigation  
Post Office Box 25279  
Raleigh, NC 27611-5279**

Number, Street, City, State &amp; Zip Code

**Describe the property that secures the claim:**

**10 Randolph Road Clayton, NC  
27520 Johnston County**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

**Who owes the debt?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt



Debtor 1 **Melvin Barfield, Jr.**

First Name

Middle Name

Last Name

Case number (if know)

**16-03490-5-SWH****Docketed:  
November  
5, 2008**

Date debt was incurred

Last 4 digits of account number **2201****2.3 Westlake Financial  
Services**

Creditor's Name

**Attn: Managing Agent  
4751 Wilshire Blvd. Suite  
100  
Los Angeles, CA 90010**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**\$16,548.02****\$7,125.00****\$9,423.02****2007 Infiniti M Sedan 4D Sport 3.5L  
V6 170,000 miles  
VIN# JNKAY01E87M303374  
NADA trade**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset)

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **July 8, 2013**Last 4 digits of account number **9236**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$187,751.29**

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$187,751.29****Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|     |  | Total claim  | Priority amount    | Nonpriority amount |
|-----|--|--|--------------------|--------------------|
| 2.1 | <b>Internal Revenue Service</b><br>Priority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>P. O. Box 7346</b><br><b>Philadelphia, PA 19101-7346</b><br>Number Street City State Zip Code  | Last 4 digits of account number  | <b>\$22,228.29</b> | <b>\$6,319.80</b>  |
|     | <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | When was the debt incurred?<br>_____<br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ | <b>\$15,908.49</b> |                    |
|     |  | <b>Taxes</b>   |                    |                    |

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**

|  |  |   |                 |               |
|--|--|---|-----------------|---------------|
| 2.2  | <b>Irma Bautista</b><br>Priority Creditor's Name<br><b>2500 Polka Lane</b><br><b>Lot 17</b><br><b>Raleigh, NC 27610</b><br>Number Street City State Zip Code | Last 4 digits of account number _____<br><b>\$657.83</b>  | <b>\$657.83</b> | <b>\$0.00</b> |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  | <b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input checked="" type="checkbox"/> Other. Specify <b>Wages, salaries, and commissions</b><br><b>Wages owed</b> |                 |               |

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| 4.1  | <b>Blink Facility Solutions</b><br>Nonpriority Creditor's Name<br><b>7208 Falls of Neuse Rd</b><br><b>Suite 101</b><br><b>Raleigh, NC 27615</b><br>Number Street City State Zip Code | Last 4 digits of account number _____<br><b>Unknown</b>   | <b>Total claim</b><br><b>Unknown</b> |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  | <b>When was the debt incurred?</b> _____<br><br><b>As of the date you file, the claim is:</b> Check all that apply<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Loan</b> |                                      |

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**

4.2

**Cary Orthopaedic & Sports  
Medicine**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
1120 SE Cary Parkway, Suite 100  
Cary, NC 27511**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$124.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.3

**Citibank**

Nonpriority Creditor's Name

**Attn: Managing Agent  
701 E. 60th Street North  
Sioux Falls, SD 57104**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$661.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit card**

4.4

**Critical Health Systems of NC**

Nonpriority Creditor's Name

**Attn: Managing Agent  
P. O. Box 1900  
Raleigh, NC 27619**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$86.41**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**

4.5

**Dish Network**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 6633  
Englewood, CO 80112**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$560.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.6

**Dr. Leonard Wright/DM Services**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
1112 7th Avenue  
Monroe, WI 53566**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**8328****\$89.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.7

**Fifth Third Bank**

Nonpriority Creditor's Name

**PO Box 3850  
Cincinnati, OH 45263**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**0598****\$83.19**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**

4.8

**Finger Hut**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
6509 Flying Cloud Drive  
Eden Prairie, MN 55344**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$133.99**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.9

**First Premier Bank**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 5147  
Sioux Falls, SD 57117-5147**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**6399****\$649.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit card**

4.1  
0**Johnston Medical Center**

Nonpriority Creditor's Name

**509 Brightleaf Blvd.  
PO Box 1376  
Smithfield, NC 27577**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**Unknown**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.1  
1**LabCorp**

Nonpriority Creditor's Name

**Attn: Managing Agent****PO Box 2100****Burlington, NC 27216-2100**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$111.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.1  
2**LHR, INC**

Nonpriority Creditor's Name

**Attn: Managing Agent****56 Main Street****Hamburg, NY 14075-4905**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$233.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.1  
3**MBNA America**

Nonpriority Creditor's Name

**Attn: Managing Agent****Post Office Box 15137****Wilmington, DE 19886-5137**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**Unknown**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit card**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.1  
4**Narron, O'Hale & Whittington**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 1567  
Smithfield, NC 27577**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$250.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.1  
5**Premier Bankcard/Charter**

Nonpriority Creditor's Name

**Attn: Managing Agent  
P. O. Box 2208  
Vacaville, CA 95696**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$508.96**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit Card**

4.1  
6**Raleigh Blue Ridge Surgical**

Nonpriority Creditor's Name

**Attn: Managing Agent  
2308 Wesvill Court  
Raleigh, NC 27607**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$405.66**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**



Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.1  
7**Raleigh Emergency Med Assoc**

Nonpriority Creditor's Name

**Attn: Managing Agent****2501 Blue Ridge Road Suite 250****Raleigh, NC 27607**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$335.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.1  
8**Rex Hospital**

Nonpriority Creditor's Name

**Attn: Managing Agent****4420 Lake Boone Trail****Raleigh, NC 27607-7505**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**0321****\$78.08**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.1  
9**Rex Pathology Associates, PA**

Nonpriority Creditor's Name

**Attn: Managing Agent****Post Office Box 100559****Florence, SC 29501-0559**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$87.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.2  
0**Santander Consumer USA**

Last 4 digits of account number

**\$10,512.00**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 560284  
Dallas, TX 75356-0284**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Repo**4.2  
1**Southeastern Medical Oncology**

Last 4 digits of account number

**\$813.85**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
203 Cox Boulevard  
Goldsboro, NC 27534**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**4.2  
2**Spectrum Laboratory Network**

Last 4 digits of account number

**6548****\$61.16**

Nonpriority Creditor's Name

**Attn: Managing Agent  
Post Office Box 35907  
Greensboro, NC 27425-5907**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.2  
3**Sprint**

Last 4 digits of account number

**\$447.00**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
6391 Sprint Parkway  
Overland Park, KS 66251-4300**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.2  
4**Suntrust Recovery Dept**

Last 4 digits of account number

**\$392.36**

Nonpriority Creditor's Name

**Attn: Managing Officer  
PO Box 26150/VA-RIC-9394  
Richmond, VA 23260-6150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.2  
5**SYNCB/Care Credit**

Last 4 digits of account number

**1220****\$621.72**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
950 Forrer Boulevard  
Kettering, OH 45420**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.2  
6**SYNCB/JC Penney**Last 4 digits of account number **1903****\$1,230.00**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 965060  
Orlando, FL 32896-5060**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

4.2  
7**THD/CBSD**

Last 4 digits of account number

**\$661.00**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 653000  
Dallas, TX 75265-3000**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Credit card**

4.2  
8**Time Warner Cable**Last 4 digits of account number **0100****\$800.00**

Nonpriority Creditor's Name

**Division Collection Group  
101 Innovation Drive, Ste 100  
Morrisville, NC 27560**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Account**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.2  
9**UNC Faculty Physicians**

Nonpriority Creditor's Name

**143 W. Franklin St, University Sqr.  
Campus Box #7150  
Chapel Hill, NC 27599-7150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$168.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.3  
0**Wake Emergency Phys, PA**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 2249  
Pawleys Island, SC 29585-2249**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$515.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

4.3  
1**Wayne Memorial Hospital**

Nonpriority Creditor's Name

**Attn: Managing Agent/Bankruptcy  
PO Box 8001  
Goldsboro, NC 27533**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

**7023****\$838.95**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical services**

Debtor 1 **Melvin Barfield, Jr.**

Case number (if know)

**16-03490-5-SWH**4.3  
2**Wayne Radiologists**

Last 4 digits of account number

**\$147.59**

Nonpriority Creditor's Name

**C/o American Management Assoc,  
Inc.**

When was the debt incurred?

**Post Office Box 2083****Goldsboro, NC 27533-2083**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Medical services****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total<br>claims<br>from Part 1 | 6a. Domestic support obligations  | 6a. | Total Claim      |
|--------------------------------|---|-----|------------------|
|                                |   | \$  | <b>0.00</b>      |
|                                | 6b. Taxes and certain other debts you owe the government  | 6b. | Total Claim      |
|                                |   | \$  | <b>22,228.29</b> |
|                                | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | Total Claim      |
| Total<br>claims<br>from Part 2 |   | \$  | <b>0.00</b>      |
|                                | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | Total Claim      |
|                                |   | \$  | <b>657.83</b>    |
|                                | 6e. Total Priority. Add lines 6a through 6d.  | 6e. | Total Claim      |
|                                |   | \$  | <b>22,886.12</b> |
| Total<br>claims<br>from Part 2 | 6f. Student loans   | 6f. | Total Claim      |
|                                |   | \$  | <b>0.00</b>      |
|                                | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | Total Claim      |
|                                |   | \$  | <b>0.00</b>      |
|                                | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | Total Claim      |
| Total<br>claims<br>from Part 2 |   | \$  | <b>0.00</b>      |
|                                | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | Total Claim      |
|                                |   | \$  | <b>21,604.42</b> |
|                                | 6j. Total Nonpriority. Add lines 6f through 6i.   | 6j. | Total Claim      |
|                                |   | \$  | <b>21,604.42</b> |

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for       |
|--|---|
| 2.1 The Shed Depot of NC, LLC<br>2700 S. Horner Blvd.<br>Sanford, NC 27330                                   | Lease to own 8 x 12 storage building. Assume. |

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_



Fill in this information to identify your case:

Debtor 1 Melvin Barfield, Jr.Debtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number 16-03490-5-SWH  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Debtor 1

- ☒ Employed
- ☐ Not employed

## Occupation

Floor tech

## Employer's name

Rex Hospital

## Employer's address

4420 Lake Boone Trail  
Raleigh, NC 27607

## Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

## How long employed there?

Start date: April 10,  
2016**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  |        | For Debtor 1    | For Debtor 2 or non-filing spouse |
|--|--------|-----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$  | <u>2,166.67</u> | \$ <u>N/A</u>                     |
| 3. Estimate and list monthly overtime pay.   | 3. +\$ | <u>0.00</u>     | +\$ <u>N/A</u>                    |
| 4. Calculate gross income. Add line 2 + line 3.  | 4. \$  | <u>2,166.67</u> | \$ <u>N/A</u>                     |

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH**

|  | For Debtor 1                                | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here   | 4. \$ <b>2,166.67</b>                       | \$ <b>N/A</b>                     |
| <b>5. List all payroll deductions:</b>   |   |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <b>397.58</b>                        | \$ <b>N/A</b>                     |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <b>130.00</b>                        | \$ <b>N/A</b>                     |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 5e. Insurance  | 5e. \$ <b>63.27</b>                         | \$ <b>N/A</b>                     |
| 5f. Domestic support obligations   | 5f. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 5g. Union dues   | 5g. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 5h. Other deductions. Specify:   | 5h.+ \$ <b>0.00</b>                         | \$ <b>N/A</b>                     |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <b>590.85</b>                         | \$ <b>N/A</b>                     |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <b>1,575.82</b>                       | \$ <b>N/A</b>                     |
| <b>8. List all other income regularly received:</b>  |   |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8b. Interest and dividends   | 8b. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8d. Unemployment compensation  | 8d. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8e. Social Security  | 8e. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8g. Pension or retirement income   | 8g. \$ <b>0.00</b>                          | \$ <b>N/A</b>                     |
| 8h. Other monthly income. Specify: <b>Contributions from fiance</b><br><b>Net from PT employment @ Wilson Medical</b>  | 8h.+ \$ <b>900.00</b><br>\$ <b>1,000.00</b> | \$ <b>N/A</b><br>\$ <b>N/A</b>    |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <b>1,900.00</b>                       | \$ <b>N/A</b>                     |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <b>3,475.82</b> + \$ <b>N/A</b>      | = \$ <b>3,475.82</b>              |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: |   |                                   |
|  | 11. +\$ <b>0.00</b>                         |                                   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ <b>3,475.82</b>                      | <b>Combined monthly income</b>    |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b><br><input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. Explain: <b>Potential for shift diff from job.</b>  |   |                                   |

Fill in this information to identify your case:

Debtor 1 Melvin Barfield, Jr.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number 16-03490-5-SWH  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

11 months

☐ No☒ Yes☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes

Fiance's son

21

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 890.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 8.00

## 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH**

|  |  |
|--|--|
| 6. <b>Utilities:</b>   |  |
| 6a. Electricity, heat, natural gas   | 6a. \$ <u>230.00</u>   |
| 6b. Water, sewer, garbage collection   | 6b. \$ <u>0.00</u>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$ <u>198.00</u>   |
| 6d. Other. Specify: _____  | 6d. \$ <u>0.00</u>   |
| 7. <b>Food and housekeeping supplies</b>   | 7. \$ <u>652.00</u>  |
| 8. <b>Childcare and children's education costs</b>   | 8. \$ <u>0.00</u>  |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. \$ <u>40.00</u>   |
| 10. <b>Personal care products and services</b>   | 10. \$ <u>60.00</u>  |
| 11. <b>Medical and dental expenses</b>   | 11. \$ <u>50.00</u>  |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$ <u>300.00</u>   |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$ <u>60.00</u>  |
| 14. <b>Charitable contributions and religious donations</b>  | 14. \$ <u>0.00</u>   |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |
| 15a. Life insurance  | 15a. \$ <u>0.00</u>  |
| 15b. Health insurance  | 15b. \$ <u>0.00</u>  |
| 15c. Vehicle insurance   | 15c. \$ <u>164.00</u>  |
| 15d. Other insurance. Specify: <b>Life insurance on children</b>   | 15d. \$ <u>35.00</u>   |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16. \$ <u>0.00</u>   |
| 17. <b>Installment or lease payments:</b>  |  |
| 17a. Car payments for Vehicle 1  | 17a. \$ <u>0.00</u>  |
| 17b. Car payments for Vehicle 2  | 17b. \$ <u>0.00</u>  |
| 17c. Other. Specify: <b>Shed</b>   | 17c. \$ <u>70.00</u>   |
| 17d. Other. Specify: _____   | 17d. \$ <u>0.00</u>  |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>   | 18. \$ <u>0.00</u>   |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19. \$ <u>0.00</u>   |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |  |
| 20a. Mortgages on other property   | 20a. \$ <u>0.00</u>  |
| 20b. Real estate taxes   | 20b. \$ <u>0.00</u>  |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$ <u>0.00</u>  |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$ <u>0.00</u>  |
| 20e. Homeowner's association or condominium dues   | 20e. \$ <u>0.00</u>  |
| 21. <b>Other:</b> Specify: <b>Projected payment for new car</b>  | 21. +\$ <u>500.00</u>  |
| 22. <b>Calculate your monthly expenses</b>   |  |
| 22a. Add lines 4 through 21.   | \$ <u>3,257.00</u>   |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | \$ _____   |
| 22c. Add line 22a and 22b. The result is your monthly expenses.  | \$ <u>3,257.00</u>   |
| 23. <b>Calculate your monthly net income.</b>  |  |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a. \$ <u>3,475.82</u>  |
| 23b. Copy your monthly expenses from line 22c above.   | 23b. -\$ <u>3,257.00</u>   |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your <i>monthly net income</i> .  | 23c. \$ <u>218.82</u>  |
| 24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b><br>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |
| <input type="checkbox"/> No.   |  |
| <input checked="" type="checkbox"/> Yes.   | Explain here: <b>The debtor lives with his fiance. The above represents his share of expenses.</b> |

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Melvin Barfield, Jr.  
**Melvin Barfield, Jr.**  
 Signature of Debtor 1

X \_\_\_\_\_  
 Signature of Debtor 2

Date July 19, 2016

Date \_\_\_\_\_

**Fill in this information to identify your case:**

|   |                                    |             |           |
|---|------------------------------------|-------------|-----------|
| Debtor 1                                | <b>Melvin Barfield, Jr.</b>        |             |           |
|   | First Name                         | Middle Name | Last Name |
| Debtor 2<br>(Spouse if, filing)         |                                    |             |           |
|   | First Name                         | Middle Name | Last Name |
| United States Bankruptcy Court for the: | EASTERN DISTRICT OF NORTH CAROLINA |             |           |
| Case number<br>(if known)               | 16-03490-5-SWH                     |             |           |

☐ Check if this is an amended filing
**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

From January 1 of current year until  
the date you filed for bankruptcy:

**Debtor 1**

**Sources of income**  
Check all that apply.

- ☒ Wages, commissions,  
bonuses, tips  
☐ Operating a business

**Gross income**  
(before deductions and  
exclusions)

**\$14,722.54****Debtor 2**

**Sources of income**  
Check all that apply.

- ☐ Wages, commissions,  
bonuses, tips  
☐ Operating a business

**Gross income**  
(before deductions  
and exclusions)

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH**

|   | Debtor 1   |  | Debtor 2  |
|---|--|--|---|
|   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.  |
| <b>For last calendar year:<br/>(January 1 to December 31, 2015 )</b>            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$14,598.00</b>                                 | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
| <b>For the calendar year before that:<br/>(January 1 to December 31, 2014 )</b> | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <b>\$16,000.00</b>                                 | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

| Debtor 1                             |  | Debtor 2                             |  |
|--------------------------------------|--|--------------------------------------|--|
| Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions and exclusions) |
|                                      |  |                                      |  |

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address               | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ...  |
|---|------------------|-------------------|----------------------|---|
| <b>Ord. payments to secured creditors</b> | <b>Monthly</b>   | <b>\$0.00</b>     | <b>\$0.00</b>        | <input checked="" type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other ____ |

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☐ No  
☐ Yes. List all payments to an insider.

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No  
☐ Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|----------------------------|------------------|-------------------|----------------------|--|
|----------------------------|------------------|-------------------|----------------------|--|

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☐ Yes. Fill in the details.

| Case title<br>Case number | Nature of the case | Court or agency | Status of the case |
|---------------------------|--------------------|-----------------|--------------------|
|---------------------------|--------------------|-----------------|--------------------|

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☐ Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property<br>Explain what happened | Date | Value of the property |
|---------------------------|--|------|-----------------------|
|---------------------------|--|------|-----------------------|

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☐ No  
☐ Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☐ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☐ No  
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person<br><br>Person to Whom You Gave the Gift and Address: | Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------|--------------------------|-------|
|---|--------------------|--------------------------|-------|



Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH**

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Charity's Name

Address (Number, Street, City, State and ZIP Code)

Describe what you contributed

Dates you contributed

Value

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☐ Yes. Fill in the details.

Person Who Was Paid

Address

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☐ No☐ Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No☐ Yes. Fill in the details.

Person Who Received Transfer

Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called
- asset-protection devices*
- .)

☐ No☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date Transfer was made

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No☒ Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument   | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|---|--|---|
| K&S Bank   | XXXX-                           | <input checked="" type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other__ | November 2015  | \$80.00                                 |
| K&S Bank   | XXXX-                           | <input type="checkbox"/> Checking<br><input checked="" type="checkbox"/> Savings<br><input type="checkbox"/> Money Market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other__ | November 2015  | \$0.00                                  |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|---|---|-----------------------|-------|
|---|---|-----------------------|-------|

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

| Name of site<br>Address (Number, Street, City, State and ZIP Code) | Governmental unit<br>Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

| Case Title<br>Case Number | Court or agency<br>Name<br>Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|---|--------------------|--------------------|
|---------------------------|---|--------------------|--------------------|

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.

- ☒ Yes. Check all that apply above and fill in the details below for each business.

| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Describe the nature of the business<br>Name of accountant or bookkeeper | Employer Identification number<br>Do not include Social Security number or ITIN.<br><br>Dates business existed<br>EIN:      27-3612419<br>From-To   April 2010 - November 2015 |
|--|---|--|
| Barfield's Cleaning Service<br>10 Randolph Drive<br>Clayton, NC 27520  | Cleaning service  |  |

Debtor 1 **Melvin Barfield, Jr.**

Case number *(if known)* **16-03490-5-SWH**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

Debtor 1 Melvin Barfield, Jr.Case number (if known) 16-03490-5-SWH**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Melvin Barfield, Jr.

Melvin Barfield, Jr.  
Signature of Debtor 1

Signature of Debtor 2Date July 19, 2016DateDid you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1 Melvin Barfield, Jr.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of North Carolina

Case number 16-03490-5-SWH  
(if known)

## Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☒ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☒ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

1. **What is your marital and filing status?** Check one only.

☒ **Not married.** Fill out Column A, lines 2-11.

☐ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|   | Column A<br>Debtor 1   | Column B<br>Debtor 2 or<br>non-filing spouse |
|---|--|--|
| 2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).   | \$ <u>2,453.76</u>   | \$ _____                                     |
| 3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.   | \$ <u>0.00</u>   | \$ _____                                     |
| 4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$ <u>533.33</u>   | \$ _____                                     |
| 5. <b>Net income from operating a business, profession, or farm</b>   | <div>Debtor 1</div> Gross receipts (before all deductions) \$ <u>0.00</u><br>Ordinary and necessary operating expenses -\$ <u>0.00</u><br>Net monthly income from a business, profession, or farm \$ <u>0.00</u> | Copy here -> \$ <u>0.00</u>                  |
| 6. <b>Net income from rental and other real property</b>  | <div>Debtor 1</div> Gross receipts (before all deductions) \$ <u>0.00</u><br>Ordinary and necessary operating expenses -\$ <u>0.00</u><br>Net monthly income from rental or other real property \$ <u>0.00</u>   | Copy here -> \$ <u>0.00</u>                  |

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH**

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 7. <b>Interest, dividends, and royalties</b>   | \$ <b>0.00</b>       | \$   |
| 8. <b>Unemployment compensation</b>  | \$ <b>0.00</b>       | \$   |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:  |                      |  |
| For you .....  | \$ <b>0.00</b>       |  |
| For your spouse .....  | \$                   |  |
| 9. <b>Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.   | \$ <b>0.00</b>       | \$   |
| 10. <b>Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. | \$ <b>0.00</b>       | \$   |
| .....  | \$ <b>0.00</b>       | \$   |
| .....  | \$ <b>0.00</b>       | \$   |
| Total amounts from separate pages, if any.   | + \$ <b>0.00</b>     | \$   |
| 11. <b>Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.   | \$ <b>2,987.09</b>   | + \$ = \$ <b>2,987.09</b>                    |
|  |                      | Total average monthly income                 |

**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ **2,987.09**

13. **Calculate the marital adjustment.** Check one:

☒ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

|             |                |                           |
|-------------|----------------|---------------------------|
| .....       | \$             |                           |
| .....       | \$             |                           |
| .....       | +\$            |                           |
| Total ..... | \$ <b>0.00</b> | Copy here=> - <b>0.00</b> |

14. **Your current monthly income.** Subtract line 13 from line 12.

\$ **2,987.09**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **2,987.09**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. .... \$ **35,845.08**

Debtor 1 **Melvin Barfield, Jr.**Case number (if known) **16-03490-5-SWH****16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

**NC**

16b. Fill in the number of people in your household.

**3**

16c. Fill in the median family income for your state and size of household.

\$ **58,850.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. **Copy your total average monthly income from line 11 .** \$ **2,987.09**19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**19b. **Subtract line 19a from line 18.**\$ **2,987.09****20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b

\$ **2,987.09**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

\$ **35,845.08**

20c. Copy the median family income for your state and size of household from line 16c

\$ **58,850.00****21. How do the lines compare?**☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X /s/ Melvin Barfield, Jr.****Melvin Barfield, Jr.**

Signature of Debtor 1

Date **July 19, 2016**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.



B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re **Melvin Barfield, Jr.**

Debtor(s)

Case No. **16-03490-5-SWH**Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

|  |    |                        |
|--|----|------------------------|
| For legal services (\$5,000.00) and filing fee reimbursement (\$310.00) and credit counseling reimbursement (\$25.00), I have agreed to accept ..... | \$ | <u><b>5,335.00</b></u> |
| Prior to the filing of this statement I have received .....  | \$ | <u><b>0.00</b></u>     |
| Balance Due .....  | \$ | <u><b>5,335.00</b></u> |
2. \$ **310.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**July 19, 2016**

Date

**/s/ Travis Sasser****Travis Sasser**

Signature of Attorney

**Sasser Law Firm****2000 Regency Parkway****Suite 230****Cary, NC 27518****919.319.7400 Fax: 919.657.7400****tsasser@carybankruptcy.com**

Name of law firm